

PREQUALIFICATION STATEMENT

DT1621 7/2000 (Replaces EC409)

Submitted By

Complete Contractor Legal Name		
Street Address		
Post Office Box		
City	State	Zip Code
(Area Code) Telephone Number	Date Submitted	Fiscal Year End Date
(Area Code) FAX Number	E-Mail Address	Federal Employer Identification Number (FEIN)

Mailing Address

Wisconsin Department of Transportation
Bureau of Highway Construction, Room 601
P.O. Box 7916
Madison, WI 53707-7916

Shipping Address

Wisconsin Department of Transportation
Bureau of Highway Construction
4802 Sheboygan Avenue, Room 601
Madison, WI 53705

NOTE:
Please attach current
Certificate of Insurance
as required by Section
107.26 of the Standard
Specifications for
Highway and Structure
Construction

Note: If this form covers a joint venture, an affidavit shall be executed by each party to such venture or the affidavit for partnership shall be executed by all parties, with the signatures of proper officers, seals, etc., as required.

AFFIDAVIT FOR INDIVIDUAL

State Of _____

County Of _____

being duly sworn, deposes and says: that the statement of experience and all statements are true and correct and the financial statement, taken from his/her books, is a true and accurate statement of his/her financial condition as of the date given, and that the answer to the interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency named is authorized to supply such party with any information necessary to verify this statement. The signatory further agrees to abide by the rules and regulations of the Wisconsin Department of Transportation relative to the submission of bids and execution of contracts.

Sworn to before me this date _____

(Applicant Signature)

(Notary Public Signature and Seal)

(Date Commission Expires)

AFFIDAVIT FOR PARTNERSHIP

State Of _____

County Of _____

_____ being duly sworn, depose and say:

That they are members of the firm of _____
that the statement of experience and all statements are true and correct and that they are familiar with the books of this firm showing its financial condition; that the financial statement, taken from the books of this firm, is a true and accurate statement of the financial condition of this firm as of the date given, and that the answers to the interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency named is authorized to supply such party with any information necessary to verify this statement. The signatories further agree to abide by the rules and regulations of the Wisconsin Department of Transportation relative to the submission of bids and execution of contracts.

Sworn to before me this date _____

(All Partners Must Sign)

(Notary Public Signature and Seal)

(Date Commission Expires)

AFFIDAVIT FOR LIMITED LIABILITY PARTNERSHIP

State Of _____

County Of _____

_____ being duly sworn, depose and say:

that they are members of the firm of _____
that the statement of experience and all statements are true and correct and that they are familiar with the book of this firm showing its financial condition; that the financial statement, taken from the books of this firm, is a true and accurate statement of the financial condition of this firm as of the date given, and that the answers to the interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency named is authorized to supply such party with any information necessary to verify this statement. The signatories further agree to abide by the rules and regulations of the Wisconsin Department of Transportation relative to the submission of bids and execution of contracts.

Sworn to before me this date _____

(All Partners Must Sign)

(Notary Public Signature and Seal)

(Date Commission Expires)

If a corporation, the full corporate legal name must be used, the execution must be by the president and secretary, and the corporate seal affixed. If the corporation does not have a seal, please check the box shown above. Certified copy of action of board of directors authorizing such officers to execute the affidavit on behalf of the corporation may be required, and will be required, if not executed by the above-named officers.

AFFIDAVIT FOR LIMITED LIABILITY COMPANY

State Of _____

County Of _____

_____ being duly sworn, depose and say:

that he/she is President of _____

the company described in and which executed this statement: that the statement of experience and all statements are true and correct and the signatory is familiar with the books of this company showing its financial condition; that the financial statement, taken from the books of this company, is a true and accurate statement of the financial condition of this company as of the date given, and that the answers to the interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency named is authorized to supply such party with any information necessary to verify this statement. The signatories further agree to abide by the rules and regulations of the Wisconsin Department of Transportation relative to the submission of bids and execution of contracts.

Sworn to before me this date _____

(President)

(Notary Public Signature and Seal)

(Date Commission Expires)

AFFIDAVIT FOR CORPORATION

State Of _____

County Of _____

_____ being duly sworn, depose and say:

that they are the President and Secretary of the _____

the corporation described in and which executed this statement; that the statement of experience and all statements are true and correct and that they are familiar with the books of this corporation showing its financial condition of this corporation as of the date given, and that the answers to the interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor or other agency named is authorized to supply such party with any information necessary to verify this statement. The signatories further agree to abide by the rules and regulations of the Wisconsin Department of Transportation relative to the submission of bids and execution of contracts.

Sworn to before me this date _____

(President Signature)

(Notary Public Signature and Seal)

(Secretary Signature)

(Date Commission Expires)

CORPORATE SEAL or ☐ Check box if no seal**Corporate Officers and Directors (Please complete)**

Name	Title

CONTRACTOR BALANCE SHEET
Fiscal Year End Condition

(Date)

ASSETS

Current Assets

Cash		\$	_____
Investments			_____
Notes Receivable	\$		_____
Less Doubtful Accounts	()	_____
Net Notes Receivable			_____
Accounts Receivable	\$		_____
Less Doubtful Accounts	()	_____
Net Accounts Receivable			_____
Deposits with Bids or Guarantees			_____
Costs and Estimated Earnings in Excess Of Billings on Uncompleted Contracts			_____
Inventory			_____
Prepaid Expense			_____

TOTAL Current Assets

\$ _____

Long-Term Investments	\$	_____
Life Insurance Cash Surrender Value		_____
Long-Term Notes Receivable		_____
Property, Plant, and Equipment at Cost		
Land	\$	_____
Building		_____
Equipment		_____

Subtotal	\$	_____
Less accumulated depreciation	() _____
Net Property, Plant, and Equipment		_____
Organization Expenses		_____
Goodwill		_____

TOTAL Assets

\$ _____

The accompanying notes are an integral part of this financial statement.

CONTRACTOR BALANCE SHEET

LIABILITIES

Current Liabilities

Notes Payable	\$	
Accounts Payable		
Accrued Salaries and Wages		
Accrued Income Taxes		
Accrued and Other Liabilities		
Billings in Excess of Estimated Earnings on Uncompleted Contracts		
Deferred Income Taxes		

TOTAL Current Liabilities

\$

Notes Payable

Deferred Income Taxes

TOTAL Liabilities

\$

STOCKHOLDER (OWNER) EQUITY

Individual or Partnership Capital	\$	
Capital Stock		
Preferred Stock	\$	
Common Stock		
TOTAL Capital Stock		
Additional Paid-In Capital		
Retained earnings		
Less Treasury Stock	()
TOTAL Stockholder Equity	\$	
TOTAL Liabilities and Stockholder Equity	\$	

The accompanying notes are an integral part of this financial statement.

Insert notes to the balance sheet after this page.

Audited or reviewed financial statements
must include adequate disclosure required
under generally accepted accounting principles.

SUPPORTING SCHEDULES TO CONTRACTOR BALANCE SHEET

1. Investments

Itemize investments in affiliate companies, organizations, partnerships, joint ventures, etc.

ORGANIZATION NAME	OWNERSHIP PERCENTAGE	FISCAL YEAR END	INVESTMENT BOOK VALUE

2. Property, Plant, and Equipment

(a) Itemize property, plant, and equipment.

DESCRIPTION	COST	ACCUMULATED DEPRECIATION	NET BOOK VALUE
Land			
Building (Other than Residence)			
Residence			
Construction Equipment			
Trucks and Automobiles			
Other Equipment (Plant, Shop, and Office)			
Furniture and Fixtures			
TOTALS*			

* Note: If totals do not agree with the balance sheet, attach a reconciliation and explanation.

(b) Itemize land - all quarries, gravel pits, etc.

DESCRIPTION	LOCATION	NET BOOK VALUE

SUPPORTING SCHEDULES TO CONTRACTOR BALANCE SHEET

2. Property, Plant, and Equipment (continued)

(c) Itemize major construction equipment.

QUANTITY	ITEM NAME, DESCRIPTION, AND CAPACITY	NEW/ USED	YEARS OWNED	PURCHASE PRICE	NET BOOK VALUE
				\$	\$
Subtotal of Other Items					
TOTAL CONSTRUCTION EQUIPMENT				\$	\$

Attach additional sheets if necessary.

SUPPORTING SCHEDULES TO CONTRACTOR BALANCE SHEET

2. Property, Plant, and Equipment (continued)

(d) Itemize plant and equipment held under an operating lease or rental contract.

[illegible]

Attach additional sheets if necessary.

SUPPORTING SCHEDULES TO CONTRACTOR BALANCE SHEET

3. Individual or Partnership Capital

(a) Organization Date _____

(b) Is the partnership association ☐ General ☐ Limited

(c) Summarize the equity transactions for the past year for each partner.

Names of Partners					TOTALS
Balance, Beginning of Year	\$	\$	\$	\$	\$
Additions					
Capital Contributions					
Net Earnings					
Deductions					
Withdrawals	()	()	()	()	()
Net Loss	()	()	()	()	()
Balance, End of Year					\$

Attach additional sheets if necessary.

4. Retained Earnings

Summarize the transactions for the past year.

Balance, Beginning Of	\$
Net Income (Loss)	
Dividends paid	()
Treasury Stock	()
Balance, End of Year	\$

SAMPLE

This report must be submitted on accountant's letterhead.

INDEPENDENT AUDITOR'S REPORT

I (We) have audited the accompanying contractor's balance sheet, reflected on pages 4 and 5 of _____ as of _____.
The financial statement is the responsibility of the company's management. My (Our) responsibility is to express an opinion on the financial statement based on my (our) audit.

I (We) conducted my (our) audit in accordance with generally accepted auditing standards. Those standards require that I (we) plan and perform the audit to obtain reasonable assurance about whether the balance sheet is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statement. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I (We) believe that my (our) audit of the balance sheet provides a reasonable basis for my (our) opinion.

In my (our) opinion, the accompanying contractor's balance sheet presents fairly, in all material respects, the financial position of _____ as of _____ in conformity with generally accepted accounting principles.

My (Our) audit was made for the purpose of forming an opinion on the basic financial statement taken as a whole. The accompanying supplemental information, reflected on pages 7 through 10 and 13 through 16, is presented for purposes of additional analysis and is not a required part of the basic financial statement. The information on pages 7 through 10 has been subjected to the auditing procedures applied in the audit of the basic financial statement and, in my (our) opinion, is presented fairly in all material respects in relation to the basic financial statement taken as a whole. The information on pages 13 through 16, which is of a nonaccounting nature, has not been subjected to the auditing procedures applied in the audit of the basic financial statement, and I (we) express no opinion on it.

Address

(Date)

(Certified Public Accountant Signature)

(Type or Print Firm Name)

SAMPLE

This report must be submitted on accountant's letterhead.

ACCOUNTANT'S REVIEW REPORT

I (We) have reviewed the accompanying contractor's balance sheet, reflected on pages 4 and 5 of _____ as of _____ in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included on the balance sheet is the representation of the management of _____.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, I (we) do not express such an opinion.

Based on my (our) review, I am (we are) not aware of any material modifications that should be made to the accompanying balance sheet in order for it to be in conformity with generally accepted accounting principles.

My (our) review was made for the purpose of expressing limited assurance that there are not material modifications that should be made to the financial statements in order for them to be in conformity with generally accepted accounting principles. The information included on pages 7 through 10 and 13 through 16 is presented only for supplementary analysis purposes. The information on pages 7 through 10 has been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements and I am not aware of any material modifications that should be made thereto. The information on pages 13 through 16, which is of a nonaccounting nature, has not been subjected to the inquiry and analytical procedures applied in the review of the basic financial statement but was compiled without audit or review from information that is the representation of management. Accordingly, I (we) do not express an opinion or any other form of assurance on such information.

Address

(Date)

(Certified Public Accountant Signature)

(Type or Print Firm Name)

CONTRACTOR STATEMENT OF EXPERIENCE

Contractor Name	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Limited Liability Partnership
Principal Office Address	
City, State, Zip Code	

1. (a) How many years have you been in business as a contractor under your present business name? _____
 (b) Give previous business name, if changed during past 3 years. _____
2. If corporation, when incorporated _____ In what state _____
3. In what type of construction work has your organization had experience? _____
 (a) How many years experience as a principal contractor? _____
 (b) How many years experience as a subcontractor? _____
4. Have you ever failed to complete any work awarded to your? _____

Has any officer, member, or partner of organization ever been an officer, member, or partner in an organization that failed to complete any work awarded to it?

☐ YES ☐ NO

If so, state detail, naming the officers or persons and organizations and reasons for such failures and the names of the sureties.

5. Does your organization or any of its officers, directors or partners have a financial interest in any other company, organization, joint venture, etc., filing a prequalification statement with the department?

If yes, list the organizations and the nature of the affiliation. ☐ YES

☐ NO

6. What is the construction experience of the principal individuals of your organizations?

INDIVIDUAL NAME	PRESENT POSITION/OFFICE	YEARS OF EXPERIENCE	WORK TYPE AND MAGNITUDE	IN WHAT CAPACITY

7. For whom have you performed work, and to whom do you refer? Give complete names, titles and addresses of all references.

8. List below construction work performed by you within the past 3 or more years or other experiences related to construction work that would tend to substantiate the assignment of the ratings desired. Under "capacity" state whether as contractor, engineer, superintendent, supervisor, etc.

YEAR	WORK TYPE	CAPACITY	WORK

Attach additional sheets as may be required to develop fully the experience of the applicant.

9. Ratings Desired - The several types of work for which ratings may be assigned are listed below. For each type of work for which a rating is desired the applicant shall indicate the maximum amount of work of that type which he/she believes he/she can prosecute concurrently. The amount of "Rating Desired" shall be shown in dollars. Statements such as "Maximum" are valueless and not acceptable.

A. General Construction	\$
B. Grading	\$
C. Concrete Pavement	\$
D. Asphaltic Pavement	\$
E. Gravel or Crushed Stone	\$
F. Structures	\$
G. Rail Construction or Rehabilitation	\$
H. Bridge Painting	\$
I. Street or Airport Lighting	\$
J. Building Construction	\$
K. Incidental Construction	\$
Maximum	\$

The maximum is the amount of work of all types, including nonhighway work, that your organization would be willing to undertake or have underway concurrently. (Please make sure you fill in a maximum.)

10. List states in which you are qualified and give maximum capacity rating.

STATE	CAPACITY RATING AMOUNT

11. Bonds furnished during last 3 years:

(a) Largest individual bond furnished \$ _____

(b) Largest amount for which bonded at any time _____

(c) List bonding companies used.

12. (a) What is the amount of your borrowing capacity? \$ _____
- b) What is your current effective interest rate on loans? _____ %
- (c) List borrowing during past 3 years.

BANK/LENDING INSTITUTION NAME	MAXIMUM AMOUNT BORROWED AT ANY ONE TIME DURING PAST 3 YEARS	NATURE OF COLLATERAL FURNISHED

13. Furnishing of the information requested by this item is optional.
 Has or will any financial institution extend you a line of credit?
 If yes, complete the following. ☐ YES ☐ NO

BANK/LENDING INSTITUTION NAME	CREDIT LINE AMOUNT

14. Do you contemplate any change in your capital structure or any substantial increase or decrease in equity capital? If so, explain. ☐ YES ☐ NO